## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

24



FLORIDA DEPARTMENT OF STATE

## Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711491

(1)

## NORTH DADE CENTER, INC.

|   | ·       |               |            |  |              |                             |            |  |  |
|---|---------|---------------|------------|--|--------------|-----------------------------|------------|--|--|
| Principal Place of Busines  | is      | Mailing Addr  | ess        | 189111 18981 11891 11891 11891 11891 11891 11891 11891 11891 11891 11891 11891 |              |                             |            |  |  |
| 4481 N W 167 ST 4481 N W 167 ST OPALOCKA FL 33055-4311 OPALOCKA FL 33055-4311 |         |               |            |  |              |                             |            |  |  |
|   |         |               |            | 3. Date Incorporated or Qualified 09/15/1966                                   | <b>3a.</b> D | ate of Last Re<br>02/02/199 |            |  |  |
| 2. Principal Place of Business 21   |         | 2a. Mailing A | ddress     | 4. FEI Number  | ·!····       | App                         | plied For  |  |  |
|   |         | 26            |            | 59-1149262   |              | Not                         | t Applicat |  |  |
| Suite, Apt. #, etc.   |         | Suite, Ap     | t. #, etc. | 5. Certificate of Status Desired   |              | <b>\$8.75</b> A<br>Fee Re   |            |  |  |
| City & State  |         | City & Sta    | ate        | Election Campaign Financing     Trust Fund Contribution                        |              | \$5.00 May Be Added to Fees |            |  |  |
| Zip   | Country | Zip           | Country    | 8. This corporation has liability for i  | ntangible    | jible tax under s. 199.032, |            |  |  |

Yes X No Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRIEDMAN, EVELYN **B2** Street Address (P.O. Box Number is Not Acceptable) 4481 N.W. 167TH ST. 83 OPA LOCKA FL 33054

84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

| agent. I a      | m familiar with, and accept the obligations of, | Section 617.0503, Flo | rida Statutes.         | many design and another treated absolute   | tive adult and traffic |          |  |
|-----------------|---|-----------------------|------------------------|--|------------------------|----------|--|
| SIGNATURE       |   | i in the second       | D. Harris H. Harris H. | Total Manager Control of the Control | DATE                   |          |  |
| 12.             |   |                       |                        | at signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                        |          |  |
| TITLE           | TD  | DELETE                | 13.                    |  |                        | Addition |  |
| NAME            | FRIEDMAN, EVELYN                                |                       | 1.2 NAME               |  |                        |          |  |
| STREET ADDRESS  | 3010 MARCOS DR R BLDG                           |                       | 1.3 STREET ADDRESS     |  |                        |          |  |
| CITY - ST - ZIP | N. MIAMI BCH, FL                                |                       | 1.4 CITY-ST-ZIP        |  |                        |          |  |
| TITLE           | VD  | DELETE                | 2.1 TITLE              |  | Change                 | Addition |  |
| NAME            | COLEMAN, RUTH                                   |                       | 2.2 NAME               |  |                        |          |  |
| STREET ADDRESS  | 3750 NE 170TH ST.                               |                       | 2 3 STREET ADDRESS     |  |                        |          |  |
| CITY-ST-ZIP     | n. Miami BCH. Fl.                               |                       | 2. 4 CiTY-ST-ZIP       |  |                        |          |  |
| TITLE           | VD  | ☐ DELETE              | 3.1 TITLE              |  | Change                 | Addition |  |
| NAME            | BLINDERMAN, RICHARD                             |                       | 3.2 NAME               |  |                        |          |  |
| STREET ADDRESS  | 201 ALHAMBRA CIRCLE                             |                       | 3.3 STREET ADDRESS     |  |                        |          |  |
| CITY-ST-ZIP     | CORAL GABLES FL                                 |                       | 3.4. CITY - ST - ZIP   |  |                        |          |  |
| TITLE           | SD  | DELETE                | 4.1 TITLE              |  | Change _               | Addition |  |
| NAME            | FIELDS, ADELE                                   |                       | 4, 2 NAME              |  |                        |          |  |
| STREET ADDRESS  | 3750 N.E. 170TH ST.                             |                       | 4.3 STREET ADDRESS     |  |                        |          |  |
| CITY-ST-ZIP     | N.MIAMI BCH. FL                                 |                       | 4.4 CITY-ST-ZIP        |  |                        |          |  |
| TITLE           | PD  | DELETE                | 5.1 TITLE              |  | Change _               | Addition |  |
| NAME            | NEWMAN, DELORES                                 |                       | 5.2 NAME               |  |                        |          |  |
| STREET ADDRESS  | 9498 N.W. 7TH AVENUE                            |                       | 5.3 STREET ADDRESS     |  |                        |          |  |
| CITY - ST - ZIP | MIAMI FL  |                       | 5.4 CITY-ST-ZIP        |  |                        |          |  |
| TITLE           |   | DELETE                | 6.1 TITLE              |  | ☐ Change ☐             | Addition |  |
| NAME            |   |                       | 6.2 NAME               |  |                        |          |  |
| STREET ADDRESS  |   |                       | 6.3 STREET ADDRESS     |  |                        |          |  |
| CITY-ST-ZIP     |   |                       | 6.4 CITY-ST-ZIP        |  |                        |          |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this available report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or,

**SIGNATURI** 

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Applied For Not Applicable